Commonwealth of Pennsylvania - Campaign Finance Report

Reset Førm Print Form

	s report must be clear an	d legible. It should be type	d)
Number	Report Filed By Will Gandid (IMark X)	ete Committe	X Lobbyist
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE	TO ELECT D.	ALLENE FEETHEN
Street Address	PO BOX	···	
Gify	ENIE State	PA Zip Code	16514-0713
Type of Report (Place x under report type)			
1: 6 th Tuesday 2: 2 nd Friday 3: 30 Day Post 4 Pre-Primary Primary Primary P	- 6 th Tuesday 5-2 nd Friday re-Election Pre-Election		Special 2 nd Friday, Special 30 Day Rre-Election Post-Election
	X		
Date Of Election (MIM/DD/XXYY) III/1/2017	Yéar 2017	Amendment Report	Termination
Summary of Receipts and From Date Expenditures	TO Date	For	Office Use Only
A: Amount Brought Forward From Last Report	10/23/17		
B. Total Monetary Contributions and Receipts	\$ 28.21		
(From:Schedule II) C: Total Funds Available	\$ 500.00		
(Sum of Lines A and B) D. Total Expenditures	528.21		
(From Schedule III) E. Ending Gash Balance	56.00		2017 OCT 23 VOTER REG
(Subtract/Line D from Line C) F: Value of In-Kind Contributions Received	\$ 472,21		23 Egi
(From Schedule II) G: Unpaid Debts and Obligations	\$ 0		要量を
(From:Schedule:IV):	\$ <u>500</u> 00		
Part 1- If this is a Committee report, treasurer sign here	######################################		<u> </u>
I swear (or affirm) that this report, including the attache	ed schedules on papel, is to the	best of my knowledge and belief t	rue, correct and complete.
Sworn to and subscribed before me this	WEAL NO City of City o		•
day of COLODOC 20 1			
Signature Signature	TH OF TARIAL Nilt. Note TARIAL Nilt. Note TARIAL Nilt. Assi	Signature of Person Subn Printed Nam	5 S FEELEN
11.2.10	OF PENNS AL SEAL Notary Public Erie County Applies April 3		()
My Commission expires MO. DAY YR.	PENNSY SEAL SEAL The County Les April 3.1		/time Telephone Number
Part II- If this is a report of a Candidate's Authorized Co	mmitteegandidate shallsign he	re.	
I swear (or affirm) that to the best of my knowledge and amended.	belief this political committee i	nas not violated any provisions of	the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	COMN MEMBER	٨	سيس ۾
23 . October - 17	COMMONWEALTH NOTAR Tonia Wilt. City of Erie My Commission E	Mar len 1	1 1
day or cccs 20 1	To Comi	Signature of Candi	date 1
Signature	MONWEALT NOTA Tonia Wil Tony or Er My Commission	Printed Name	A. reeney
My Commission expires 4-3-19	ALTH OF NOTARIAL IA WIIL, NOT TO ETIL, ET TO EXPLOYED EXP	14	81.6-2453
MO. DAY YR.	여러 중 을 쓰는 기	rea Code Dayt	Ime Telephone Number
	<u> </u>		
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	SYLVANI B. 2019		



SCHEDULE !

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary Page			
Name of Filing Committee or Candidate	Reporting Per	_	
	From <u>b</u> 6/	06/17	To 10/23/17
L Unitemized Comprisions and Receipts - \$50.00 Or les	Selejecelyj	ggilgilê jî ke	R
TOTAL for the Reporting Period	od (1)	\$	
	·		
2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART	3.		
Contributions Received from Political Committees (Part A)		s	
All Other Contributions (Part B)	· · · · · · · · · · · · · · · · · · ·	\$	
TOTAL for the Reporting Period	od (2)	s	
5. CONTRIBUTIONS OVER \$250.00 (FROM PARTIC AND PARTIE)			
Contributions Received from Political Committees (Part C)		s	500.00
All Other Contributions (Part D)		s	300.00
TOTAL for the Reporting Perio	od (3)	\$	
	(0)	Ψ	
4. OTHER RECEIPTS + REFUNDS, INTEREST EARNED, RETURNED (
			PART E
TOTAL for the Reporting Perio	od (4)	\$	
TOTAL MONETARY CONTRIDUTIONS AND STORY			
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from		\$	500.00
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)		* '	
			•

DSEB-502 (7-99)			

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number				
		en e	Budge 2000 Budge State S	Amount
Full Name of Contributing Committee			Date MM/DD/YYYY) \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM//DD/YYXY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] = S	
Höuse# Street/Address			Spate [MM/DD/YYYY].	
Gty	State	Zip Code	#Date [MM/DD/YYYYY] \$	
Full Name of Contributing (*) Committee			Date:[MM//DD/XYYYY] 3 S	
House# Street Address			Date [MM//DD/YYYY] 25	
Gity	State.	Z4p Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee	4		Date MM/DD/YYYY)	
House # Street/Address		Zip Gode	Date [MM/DD/YYYY]	
City	State	32IP.CD66	Date [MM/DD/AYAY] \$ 2	
Full Name of Contributing Committee	a			
House # Street Address		INVANTORIES CONTRACTORIS	Date [MM/DD/YYYY/]	
GiV	State	Zip Gode	Date [MM/JDD/YYYY]	· · . · . · · · · · · · · · · · · ·
Full Name of Contributing			Date MM/DD/AYYY SS	
Igity 2	State	Zib Code	Date [MM/DD/YYYY]	
#ELV.	JULIC			

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Hijeridentijsation(Number)			
!Full Name of Contributor:			Date MM/DD/MMM/ 55
Hlouse#. Street/Address		' -	(iDate [MM/DD//YYYY] //
Cry.	State	Zip:Code	Spare (MINI/DD/AYYYY) # 53
Full Name of Contributor	peacocasteess	and the second s	Date MINI/DD/AYAYI
House,#. Street Address			Date IVIM/DD/WYYI
Gry.	State	zip)Code	Date (WW/DD/AYAA)
Hull Nerme of Contributor	and the second s		* Datie (MM/)DD/AAYAYI
House#. Street;Address			Date MM/DDY/MYYI ₂ \$5
ety	State	Zip Gode	- Date (MIM//DD//WW/) 353
Hull Name of Contributor.	<u>na di Sanggia di Para di Araba da Araba</u>		,Date(MM/DD/MAAY)
(House:!! Street/Additess			Date (MIXI/DDYANAYY)
GRAY	State	Zip/Gode	Date (MM/DD//YYYY)
auli Nameioti Gontributoti			Date (MM//DD/AWW)
Rouse # Street/Address			ADATE (IMIM/IDD//W/W/)
(GRy	State	Zip Göde	adate/IMIM/ODY/WWYI/
Hadli Nemerof Contributor			/Date(MIN/Job/, AVAY) \$
Treet:Address			Date (MIM/JOD/AMA)
.cny	State	Zip)Gode	Date [MM/DD//WAY]

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Hiler identification: Number: 3	
Full Name of PSEA PALE	WDate-IMMY/DDV/WWW/IRE
Gontributing Committee PSEA PALE POLITICAL ACTION COMMITTEE FOR ENUCATION WHOUSE STOOM AND THE THE PROCESS OF THE PROCESS	10/10/2017 500.00
House'# 400 Street Address NONTH THIN SMELT PU BOX 1724	Date-(MM/ADD/AYAAY)
GITY State CA Zip Gode 1710	5-1724 Date [MM/DD/YYYY]]. S
Juli Name of Gontributing Committee	Date [MIN/IDD/AYYYY] \$
House# Street/Address	*Date (IMIM/IDD/A/MYV)
Gity State Zip.Göde S	Date [WIV/DD/MMM] \$
EUPNameor Gorigibuting Committee	ADate (MINI/DD/YYYM) \$
House # Strieet Address	adate (MM/ADD/Y/Y/Y)
Gry State Zip Code	Date (MW/ADD/WYYY)
Full Name of Contributing Committee	@Date:[MM/DD/WW]
House# Street Address	#Date:I[MM/db/YYYAY] \$5
Gity. State Zip Gode	pate[MW//pd///////] \$
FULL Varie of Contributing Committee?	*Date:[MW/DD/XYYY/]
House## Street Address	@Date [MM/ADD/YYYYY]] \$5.
City Zip Code ::	Date (IVIVI/ADD/XXXVI)
full Name of Contributing Committee	%Date-I(MIM/ADD)/AYAYAIL
House## Street.Address	Date:[MW/dbp//////]
Gity State Zip(Gode)	CDate (MW/IDD/AYAM): \$5.



PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

reterioenine gomeniaer.		e de la seguina de la companya de l	
FAIL Name of Contributors	a kata ang mga kata at kata		Date (MM//DD/MAY)
House # Street Address			.pate [MM/dp/xyyy] SS.
(Gity	State	Zip Gode*	Date [MM//DD/WWV] 35
Employer Name Employer Walling Address/			(Occupation)
Principal Place of Business Full Name of Gont dibutor	and the second of the second o	and the graph and the same and the	Date [MM//DD//XXXXI] \$
THOUSE## Stireet Address			Date (MM/DD/AY/A/I
Gity	State	Zip Gode	*Date [MM//DD/YYYY] \$
Employer Name Employer Mailing Address //			Occupation /
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Full Name of Committeen.			*Date [MIXI/DD/AYYYY] \$
House ## Street Address			@Date_[MIM/@D/XYYYV] \$ \$ -
(dity	State	ŽipiGode	Date [MM/DD/YYYY] \$5.
Employer Name Employer Mailing/Address//			Occupation
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Hull Name of Contributor			(Paté (MM//DD//MM)) \$
House## Street Address	···		Date MIM/DD/AVAA/I
Gity A	State.	.⁄Др (code	*Date [MIVI/DD/XXXXX]
Employer Name			40 ccupation
Employer Meiling Address / Principal Place of Business			

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number.		
Full Name House,# Since Oity Receipt Description	State [WIW/DD//YYY/] SS Code:	
City Receipt Description	State Zip Date [MM//DD//Y/Y/] S. Code	·
Ofty: Receipt Description	State Zip Date IMM/DD//YYA/i Signate Code (
Full Name House ## Ghy Receipt: Description: Full Name	State Zip Date [MIVI/DD/XXXXI] S Gode	
	State Zip (Date MM/DD/AWAY) \$	
Part of the second	State Zip. Date [MM//DD//YYYY)] (S)	



SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

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TOTAL for the reporting period	(2)		
			The state of the s
334 NIN-KIND GONTEKIBUTKON REGENED A	WALUE OVER \$250 00 (FROIX	ART(G)	
TOTAL for the reporting period	(3)		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DU PERIOD (Add and enter amount totals from bo		5	
on Page 1, Report Cover Page, Item F)	The second secon		the state of the s



SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File dentification Number:		
Full Name of Contributors		neaterimiyyddyxxxxyr 15
JHQUSe'#/ Street Address		Date [MM/DD/M/Y/] \$
Gity State	zip Gode	©ate (MIN/DD)/W/Y/I \$5
Description of Contribution		
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House:# Street Address		
Gity State	Žip Gode.	2Date [MM//DD/\/\\Y] 35i
Description of Contribution		
Full Name of Contributor	alling a more than the second of the second	ideate (MIVI/IBID/AWAW) S.
House# Street Address		pate Min/DD/XXXXXII
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	Zip Code	Date (MM/DD/WWW);
EDESCRIPTION Of Contribution Full Name of Contributor	and the state of t	pate XIVV/DDYXXXXAI; \$\$.
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City, States Description of Contribution.	MAIN GOOD	
	and the second s	on the state of th



SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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Full Namerof Contributor	en garante magga dibiblio in disconsistente		Date MIM/DD/AWYY 5	
Thouse # Street	Address		Date (MM/DD/YYYY) \$3	
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Employer Name Employer Mailing Address // Place of Business	zhindioal :		©ccupation Description of Contribution	
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(Gft)	(State)	ZipiGode.	(Date([M/v]/DD//Y/Y/4])	
Employer Vame Employer Maillng Address //	Principal		Occupation, Description	
Place of Business			lof. Gontilbution	



Statement of Expenditures

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House	3401	Street-Address		SML					
Œiÿ.		115	State	PA	Zip Code	16505	PU BOX	Never Emponel	aw T
To Wh	em Paid						Date MM/DD/Y	YYYY] S	
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Tio Whi	om Palö								
i i jouiste	4	Street Address					Description of E	xpenditure	
(City)		- Constitution of the Cons	State		Zip. Code				



SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Hiteation Numbers		
Name of Greattor	MARINI A FISTUM	Ourstanding Balance of Debit.
3401	ONANCOME A FLOGRAM ONANCOME STATE SMIGHT ONANCOME SMI	5°00 -
Gliy	ENIE STATE PA GOODES 16508 LOAN FOR CAMPALLY EXPLYSES	
Description of Debic :		
Name of Greditor House #	er Addiress D'ATE DEBT.INCURRED	Outstanding Balance of Debt
	[MM/DD/YYYY]	
City	sSfate: Zip	
Description of Debt.	Printer workstranged [State Printer State	
Name of Greditor		Outstanding Balance of Debt
Movse # Site	ef Address DATE DEBT IN GURRED (MIV) ADD/AYYYY (
City	State Zip	
Description of Debt.	i de la Code de la Cod	
Name or Greditor		Outstanding Balance of Debt.
House## Shie	et/Address CATE/DEBT (NGURRED) [MM/JDD/YYYY]	
<u>any</u>	State Zip.	
Description of Debt	⊈ Gode Gode Gode Gode Gode Gode Gode Gode	<u> </u>
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House# Suic	et Address in DATE DEBT INCURRED. [MM/DD/YYYY]	\$
(City)		
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Name of a credition Flouse # Street	et Address DATE DEBTINGURRED	XOutstanding/Balance of Debt
	[MIVI/DD/YVYY]	
City	State Zip Code	
Description of Delate		

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination patitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, Indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Deteiled Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$50.00 or less in the aggregate *per contributor* received during the reporting period. Items 2, 3 and 4: Enter the total for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

Enter the total from Schedule I on the Report Cover Page, Item B.

Definition of Contribution: Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in this Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; and any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word "contribution" includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee. [See 25 P.S. §33241)

Instructions for Reporting Contributions

The aggregate total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contributions from the same source in one line item.

Contributions and receipts of \$50 or less, per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear on Schedule I, Contributions and Receipts Detailed Summary Page, Line 1. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250 - report the name of the contributor, mailing address, amount and date received on Schedule I, Part A, "Contributions Received from Political Committees," or Part 8 "All Other Contributions."

Contributions and receipts over \$250 - report the name of the contributor, mailing address, occupation, employer's name and address, amount and date received on Schedule I, Part C, "Contributions Received from Political Committees," or Part D, "All Other Contributions."

Receipts - Use Part E, "Other Receipts" to report all other monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

Address - In all Parts, a complete address, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

Date - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 03 24 2000.

Total - of each Part should be transferred to the appropriate section on the Schedule I, "Contributions and Receipts Detailed Summary Page" (Page 2 of the report form).

Occupation and Employer - Part D, which lists individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed.

engaga kentinta			

SCHEDULE II

IN-KIND CONTRIBUTIONS RECEIVED

Detailed Summary Page - provides a summary of all in-kind contributions and valuable things received during the reporting period.

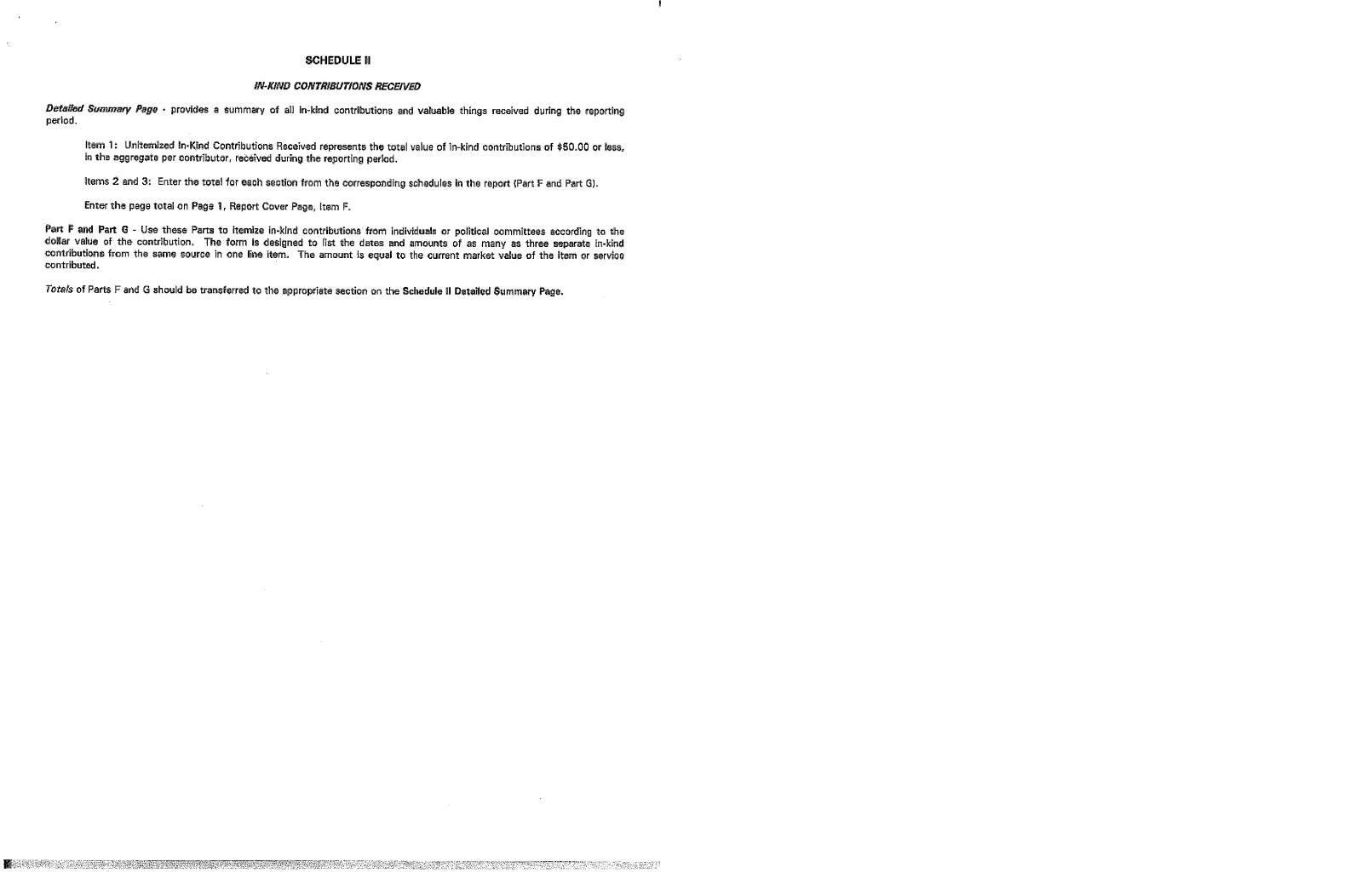
Item 1: Unitemized In-Kind Contributions Received represents the total value of in-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schedules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

Part F and Part G - Use these Parts to itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the Schedule II Detailed Summary Page.



REPORT FILING DEADLINES

Sixth Tuesday Pre-Election - Reporting period closes 50 days prior to election day. Filed only by candidates for Statewide office and political committees/lobbyists supporting such candidates.

Second Friday Pre-Election - Reporting period closes 15 days prior to election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Thirty Day Post-Election - Reporting period closes 20 days after election day. File 30 days after election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Annual Report - Reporting period closes December 31. File by January 31 of the year following the reporting period. Filed by all candidates for nomination or election, political committees and contributing lobbyists.

Political committees required to file pre-election reports must also file post-election reports.

Postmarks - are acceptable as proof of timely filling where report is sent by first class mail and postmarked by the U.S. Postal Service no later than the day prior to the filing deadline.

Late filing fee - A late filing fee of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the report is overdue, plus an additional fee of \$10.00 for the first six days that a report is overdue will be assessed.

Party Code Table:

County Code Table:

01	Adams	24	EIK	47	Montour	REP	Republican Party
02	Allegheny	25	Erie	48	Northampton	DEM	Democratic Party
03	Armstrong	26	Fayette	49	Northumberland	CST	Constitutional Party
04	Beaver	27	Franklin	50	Perry	LIB	Libertarian Party
05	Bedford	28	Forest	51	Philadelphia	REF	Reform Party
06	Berks	29	Fulton	52	Pìke	OTH	Other
07	Blair	30	Greene	53	Potter		
08	Bradford	31	Huntingdon	54	Schuylkill	Office	Code Table:
09	Bucks	32	Indiana	55	Snyder		
10	Butler	33	Jefferson	56	Somerset	GOV	Governor
11	Cambria	34	Juniata	57	Sullivan	LTG	Lieutenant Governor
12	Cameron	35	Lackawanna	58	Susquehanna	ATT	Attorney General
13	Carbon	36	Lancaster	59	Tioga .	AUD	Auditor General
	Centre	37	Lawrence	60		TRE	State Treasurer
15	Chester	38	Lebanon	61	Venango	SPM	Justice of the Supreme Court
16	Clarion	39	Lehigh	62		SPR	Judge of the Superior Court
17	Clearfield	40	•	63	Washington	CCJ	Judge of the Commonwealth Court
18	Clinton	41	Lycoming	64	Wayne	STS	Senator in the General Assembly
19	Columbia	42	McKean	65	Westmoreland	STH	Representative in the General
20	Crawford	43	Mercer	66	Wyoming		Assembly
21	Cumberland	44	Mifflin	67	York	ÇPJ	Judge of the Court of Common Pleas
22	Dauphin	45	Monroe			MCJ	Judge of the Municipal Court
23	Delaware	46	Montgomery			TCJ	Judge of the Traffic Court
	· •					OTH	Other (Candidates for local offices who file only with the County Board of Elections)

